

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 07/18/2023
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315054	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/23/2021
NAME OF PROVIDER OR SUPPLIER Our Ladys Center for Rehabilitation & Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 1100 Clematis Ave Pleasantville, NJ 08232	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0624 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Prepare residents for a safe transfer or discharge from the nursing home.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42192</p> <p>Complaint Intake #NJ149183</p> <p>Based on interviews, record review, and facility policy review, it was determined that the facility failed to have home health services in place at the time of discharge for one (Resident #2) of four sampled residents reviewed for discharge planning.</p> <p>Findings included:</p> <p>1. The facility admitted Resident #2 with diagnoses that included diabetes, malnutrition, sepsis, and pneumonia.</p> <p>The discharge Minimum Data Set (MDS), dated [DATE], revealed the resident's Brief Interview for Mental Status (BIMS) score was 12 out of 15, which indicated the resident's cognition was moderately impaired. The resident required supervision and set-up help with eating and personal hygiene, limited assistance with bed mobility and transfers, extensive assistance with dressing and toileting and was totally dependent on staff for bathing. The resident was their own responsible party.</p> <p>A review of Resident #2's care plan, dated 08/01/2021, indicated Resident #2 had an activities of daily living (ADLs) self-care deficit related to physical limitations. Interventions included assist with ADLs, assist with bath/shower, assist with daily hygiene, grooming, dressing, oral care, and eating as needed (08/01/2021).</p> <p>Resident #2 was at risk for alteration in skin integrity related to diabetes, edema, end stage renal disease, history of pressure ulcers, immobilizer, and impaired mobility. Interventions included apply barrier cream as needed, encourage and assist to consume fluids as needed, encourage and assist to reposition and use assistive devices as needed, observe skin condition with daily ADL care and report abnormalities, obtain labs if ordered and notify physician of results, and provide preventative skin care routinely and as needed.</p> <p>Resident #2 had actual skin breakdown to sacrum related to impaired mobility (initiated 08/09/2021). Interventions included administer analgesic prior to treatment, administer treatment per physicians' orders, provide diet and supplements, specialty mattress to bed (initiated 08/09/2021), application and maintenance of the wound vac (initiated 08/31/2021), limit sitting time, and a specialty cushion to wheelchair (initiated 09/02/2021).</p> <p>(continued on next page)</p>		

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: 315054	Facility ID: 315054 If continuation sheet Page 1 of 7

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<p>F 0624</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>1. A wound note, composed on 09/30/2021, by the assistant director of nursing (ADON) revealed the resident was seen by the wound team that day. The sacral wound was noted with decreased surface area, increased granulation tissue, increased epi skin in peri wound area, and moderate serosanguineous drainage. The note indicated to continue treatment as ordered, preventative skin care to sacrum and perineal, air mattress, reposition frequently, bowel incontinence care, heel boots to heels while in bed, protein supplement, encourage fluid intake and pain management as needed.</p> <p>A nursing note by Licensed Practical Nurse (LPN) #1 on 10/01/2021 at 2:38 PM, revealed the facility discharged Resident #2 in stable condition at 10:20 AM via wheelchair.</p> <p>A note by Social Worker (SW) #1 on 10/04/2021, indicated the SW spoke with a family member about receiving no phone call or services from the home health company (HHC), and the resident had been discharged on [DATE]. SW #1 called the HHC on 10/04/2021. The HHC stated they had everything in place for services except the primary care physician (PCP) to verify orders with. SW #1 confirmed the physician information provided at discharge to the HHC and asked the HHC to call the family right away to set up services. The HHC agreed to contact the family with information.</p> <p>A voicemail was left for SW #1 by the surveyor on 11/23/2021 at 3:00 PM. No response was received.</p> <p>During an interview with the Nursing Home Administrator (NHA) on 11/23/2021 at 3:40 PM, it was revealed that the facility was to set up the home health care services for the resident prior to discharge. The NHA stated the social workers work with the families and home health agencies to set up services and schedule initial visits to the home. The NHA stated he recalled the discharge of Resident #2. He stated he recalled something happened, and home health services were not set up appropriately before the resident discharged. He stated the social worker who worked on the discharge of Resident #2 was not employed there very long. He stated the social worker quit the position a month ago. He stated SW #1 had to call the HHC to inquire about what happened. He stated SW #1 had to fix the discharge issues of the social worker who no longer worked at the facility.</p> <p>The home health company (HHC) was called on 11/23/2021 at 4:35 PM. The home health representative (HHR) said they received the referral for home health services on 10/01/2021, and it took a couple of days to receive orders from the resident's primary care physician in the community and schedule services at the home. The HHR said the HHC did not receive orders from the nursing home physician because when the resident was discharged from the nursing home, they were in the care of their community physician. They said the referral physician from the facility was not the physician who provided the orders for home health care. The HHR said they only oversee care within the community and had no physicians on staff to write orders. The HHR said that was the current system with the facility. The HHR said they spoke with the family on 10/04/2021, and at that time they informed the family that they would need a referral from the physician in the community. They said the family reported not being told this from the facility at the time of discharge. They said they had no PCP or facility physician on file for Resident #2. The HHR said the HHC followed up with the family and home physician group about services on 10/12/2021 and were informed the resident was in the hospital and follow-up would occur if the resident was discharged home. They said they provided supplies while conducting home health visits. They received no further request for services regarding Resident #2. The HHR said their role at the HHC was the Rehabilitation Manager.</p> <p>(continued on next page)</p>		

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F 0624 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>An interview with SW #2 on 11/23/2021 at 5:55 PM revealed she had taken over for the previous social worker. She said she assisted residents setting up home health services and aiding a smooth transition from the facility to home. She said that in the initial discharge meeting, a HHC list was provided for the families and residents to choose from. SW #2 said once a HHC was selected, she reached out to initiate services and exchange information with the families or resident. She said a new referral process had recently started to facilitate a smoother discharge between the HHC and the facility. She said that before approval of the new referral system, the residents had to arrange for a community-based physician for approval with the HHC. She said the new referral system allowed the facility physician to approve the initial set of discharge orders until the resident or family could set up care with a PCP. She said this would accommodate a smoother discharge process and give the HHC direct access to the orders from the facility physicians. She stated she was not familiar with the discharge of Resident #2.</p> <p>The Discharge Planning Policy & Procedure, undated, was received from the NHA on 11/23/2021 at 3:00 PM. It read in pertinent part, As part of the discharge process, facilities are required to develop a post-discharge plan of care with the participation of the patient and their family, to assist the individual in adjusting to the new living environment. Included in the post-discharge plan is an assessment of continued care needs of the individual, documentation of critical medical and social information, and the plan which will ensure the individual's needs are met post discharge from the facility into the community.</p> <p>New Jersey Administrative Code: §8:39-39.4(f)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>42192</p> <p>Based on observations, interviews, facility policy reviews, and review of a Centers for Disease Control (CDC) publication, it was determined that the facility failed to maintain professional standards for infection prevention as evidenced by staff not wearing surgical masks, not properly wearing personal protective equipment (PPE), and not performing or offering hand hygiene appropriately. This had the potential to affect all residents and occurred during the COVID-19 pandemic.</p> <p>Findings included:</p> <p>Reference: CDC publication, last updated 09/10/2021, titled, Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic, indicated,</p> <p>1. Recommended routine infection prevention and control (IPC) practices during the COVID-19 pandemic.</p> <p>Implement Source Control Measures</p> <p>Source control refers to use of respirators or well-fitting facemasks or cloth masks to cover a person's mouth and nose to prevent spread of respiratory secretions when they are breathing, talking, sneezing, or coughing.</p> <p>Cloth mask: Textile (cloth) covers that are intended primarily for source control in the community. They are not personal protective equipment (PPE) appropriate for use by healthcare personnel.</p> <p>Healthcare Personnel (HCP): HCP refers to all paid and unpaid persons serving in healthcare settings who have the potential for direct or indirect exposure to patients or infectious materials, including body substances (e.g., blood, tissue, and specific body fluids); contaminated medical supplies, devices, and equipment; contaminated environmental surfaces; or contaminated air. HCP include, but are not limited to, emergency medical service personnel, nurses, nursing assistants, home healthcare personnel, physicians, technicians, therapists, phlebotomists, pharmacists, dental healthcare personnel, students and trainees, contractual staff not employed by the healthcare facility, and persons not directly involved in patient care, but who could be exposed to infectious agents that can be transmitted in the healthcare setting (e.g., clerical, dietary, environmental services, laundry, security, engineering and facilities management, administrative, billing, and volunteer personnel).</p> <p>1. During laundry room observations on 11/23/2021 at 9:45 AM, Laundry Associate (LA) #1 was wearing a surgical mask, LA #2 was wearing no mask, and LA #3 was wearing a fabric mask.</p> <p>An interview with LA #2 on 11/23/2021 at 9:45 AM revealed a surgical mask and face protection should be worn through-out the facility if not on the isolation unit and full PPE should be worn on the isolation unit. She said she had a hard time breathing in the surgical mask and had taken it off temporarily for a break.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>An interview with LA #3 on 11/23/2021 at 10:10 AM revealed a face mask and goggles should be worn at all times while in the facility. She stated she knew a face mask was required but was not sure if it mattered if it was surgical or fabric. She said no one that day had asked her to change her fabric mask for a surgical one.</p> <p>On 11/23/2021 at 10:18 AM, Registered Nurse (RN) #1 was observed entering a resident's room with his mask below his nose and one of the ear loops was broken, wrapped around a button on a comfort band around the back of his head. RN #1 assisted the resident, replaced the mask over his nose, and washed his hands.</p> <p>On 11/23/2021 at 11:15 AM, LA #3 was observed delivering laundry to residents on the E hall while wearing a fabric face mask.</p> <p>On 11/23/2021 at 11:16 AM, RN #1 was observed sitting at the nurses' station within six feet of a resident with his face mask below his nose with the ear loop still broken and wrapped around a button. RN #1 got up to assist a resident with his mask below his nose.</p> <p>RN #1 was interviewed at 11:17 AM and stated he received PPE training two months ago. He stated the training covered how to properly don and doff PPE, hand hygiene, and what PPE was required in the different areas of the facility. He stated goggles and a surgical mask should be worn on the units not in isolation. He stated the surgical mask should be over his nose while in the facility providing care. He stated there was a box of surgical masks behind the nursing station. He stated the mask was not staying over his nose because the strap was broken but could not say why he had not replaced the broken mask.</p> <p>On 11/23/2021 at 12:13 PM, RN #1 was observed sitting at the nurses' station without a face mask on within six feet of a resident sitting at the nurses' station.</p> <p>On 11/23/2021 at 12:18 PM CNA #5 was observed wearing a fabric face mask while waiting for a resident to finish in the beauty salon. She stated she attended a PPE in-service training a couple weeks ago, where the Assistant Director of Nursing (ADON) covered how to properly don and doff PPE and what PPE was required throughout the different areas of the facility. She stated it was alright to wear a fabric mask in the facility on the non-isolation units and no members of management had asked her to change her mask.</p> <p>An interview with the Director of Nursing (DON) on 11/23/2021 at 12:30 PM revealed surgical masks were always to be worn by all staff in the facility unless the staff member was in a designated break area. She stated fabric masks were not appropriate PPE for staff to wear while in the facility. She stated surgical masks should be worn over the nose and mouth to be effective in infection prevention.</p> <p>An interview with CNA #3 on 11/23/2021 at 2:30 PM revealed she received COVID-19 training a week ago and it included proper PPE use, what PPE to wear throughout the facility, hand hygiene, vaccinations, and testing. She stated surgical masks were to be worn throughout the facility and cover the nose and mouth to be donned appropriately.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>The facility's policy, Utilization of Face Masks COVID-19 Pandemic-Epidemic, updated 05/2021, was received from the administrator (NHA) on 11/23/2021 at 3:00 PM. It read in pertinent part, Employees will utilize face masks as source control to help prevent the spread of infection. Surgical masks may be utilized in all general areas where there are no positive cases. Face masks will be used while interacting with other staff and residents. Discard masks that are torn, wet, or visibly soiled and replace as needed.</p> <p>2. Housekeeping observations were conducted on 11/22/2021 from 11:13 AM - 11:50 AM. The following were observed:</p> <ul style="list-style-type: none"> - At 11:19 AM, Housekeeper #1 removed the trash and replaced the trash bags in the room. She did not use hand sanitizer or perform hand hygiene and donned a clean pair of gloves. - At 11:24 AM, Housekeeper #1 doffed her gloves and did not perform hand hygiene before donning a new pair of gloves. Housekeeper #1 got her rag wet and wiped down the spray around the toilet. She placed the dirty rags into the dirty linen bin on her cart. - At 11:25 AM, Housekeeper #1 retrieved the mop from the bucket, mopped the bathroom, returned the mop to the bucket, and removed the gloves she was wearing while mopping the bathroom. - At 11:27 AM, Housekeeper #1 donned new gloves without performing hand hygiene. - At 11:34 AM, Housekeeper #1 began cleaning room G19. She did not perform hand hygiene before cleaning room G19. - At 11:50 AM, Housekeeper #1 stated on the isolation unit, hand hygiene should be performed every time staff entered or left a room. She stated hand hygiene training for the other units, did not emphasize how hand hygiene should be performed. She stated in the last infection control training received, they did not emphasize hand hygiene between glove changes or hand hygiene between rooms. She stated she received infection control training a month ago. <p>Observations of the lunch meal were conducted on 11/23/2021 at 12:00 PM. The following were observed:</p> <ul style="list-style-type: none"> - At 12:00 PM, CNA #4 took a lunch tray to room G8. She did not offer hand hygiene to the resident before leaving the room and did not perform hand hygiene herself before retrieving another tray. - At 12:05 PM, CNA #4 delivered a lunch tray to room G10. She failed to offer hand hygiene to the resident before leaving the room. - At 12:08 PM, CNA #4 delivered lunch to room G12. She failed to offer hand hygiene to the resident before leaving the room. <p>An interview with CNA #4 on 11/23/2021 at 12:08 PM revealed she received PPE training, hand hygiene training and infection control training last month. She stated residents were reminded to perform hand hygiene and should be offered hand hygiene before meals. She stated each resident received a hand sanitizing wipe on their tray. She stated she forgot to remind residents to perform hand hygiene before leaving the room.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>An interview with the DON on 11/23/2021 at 12:30 PM revealed hand hygiene should be offered to residents before and after meals, activities, and if visibly soiled. She stated this was especially important for the resident who could not independently perform hand hygiene and for those on the isolation unit to prevent the spread of illness. She stated staff should be using hand sanitizer or wash their hands before and after entering a resident room.</p> <p>An interview with Resident #19 on 11/23/2021 at 1:40 PM revealed staff never reminded the resident to wash their hands or use of the sanitizing wipe before meals, but the resident washed their hands on their own.</p> <p>An interview with CNA #3 on 11/23/2021 at 2:30 PM revealed she received COVID-19 training a week ago and it included proper PPE use, what PPE to wear throughout the facility, hand hygiene, vaccinations, and testing. She stated staff were tested every Tuesday, should offer hand hygiene to residents before and after meals, staff should perform hand hygiene before and after providing care to residents, and during depending on care provided.</p> <p>The Infection Prevention & Control Program policy, updated 01/2021, was received from the administrator (NHA) on 11/23/2021 at 3:00 PM. It read in part, The elements of the infection prevention and control program consist of coordination/oversight, policies/procedures, surveillance, data analysis, antibiotic stewardship, outbreak management, prevention of infection, and employee health and safety.</p> <p>The Handwashing/Hand Hygiene policy, updated 01/2019, was received from the NHA on 11/23/2021 at 3:00 PM. It read in pertinent part, The facility considers hand hygiene to be the primary means to prevent the spread of infections. All personnel shall be trained and in-serviced on the importance of hand hygiene in preventing transmission of healthcare-associated infections. Use an alcohol-based hand rub containing 62% alcohol; or alternately soap and water for the following situations: M. After removing gloves, O. Before and after eating or handling food.</p> <p>New Jersey Administrative Code: §8:39-19.4(a)</p>		